

## ATTACHMENT 2

DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF WATER QUALITY MANAGEMENT  
DIVISION OF STORAGE TANKS

DATE RECEIVED: \_\_\_\_\_

File: ~~ISC TECH~~  
~~EAST HEMPHILL~~  
~~CO~~  
UNDERGROUND STORAGE TANK  
CLOSURE NOTIFICATION FORMRAGE TANK  
TION FORMRECEIVED  
SOUTHCENTRAL REGION  
FIELD OPERATIONS

94 SEP 19 PM 2:13

NOTE: Notification of closure must be received by the appropriate regulatory agency.

## ENVIRONMENTAL CLEANUP

Owner of Tank

Owner Name  
High Associates, Ltd.Street Address  
1853 William Penn Way, P.O. Box 10008Phone Number  
( 717 ) 291-2284City  
LancasterState  
PAZip Code  
17605-0008

## II. Location of Tanks

Facility Name  
ISC TechFacility Identification Number  
36-60950Street Address  
3050 Hempland RoadMunicipality  
LancasterCounty  
LancasterContact Person  
Gerald C. StroudPhone Number  
( 717 ) 291-2284

III. Month/Day/Year of Proposed Closure 10 / 19 / 94

## IV. Certified Installer/Company Performing Tank Handling Activities

Certified Installer Name  
To Be Determined

Installer Certification Number

Street Address

Phone Number  
( )

City

State

Zip Code

Certified Company Name

Company Certification Number

## V. Contractor/Individual Performing Site Assessment Activities

Name of Contractor or Individual  
To Be Determined

Edwin Armstrong &amp; Sons

Street Address

Phone Number  
( )

City

State

Zip Code

## VI. Description of Underground Storage Tanks (See reverse side of form)

## VII. Will this closure involve replacement of at least one old tank with a new tank?

Yes \_\_\_\_\_ No XX

## VIII. Signature of Tank Owner

Date

Gerald C. Stroud

9-15-94

VI. Description of Underground Storage Tanks (Complete for each tank undergoing closure)					
Tank Registration Number	001				
Date of Tank Installation (Month/Year)	12-72				
Estimated Total Capacity (Gallons)	8000				
Tank Material of Construction	steel				
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum Unleaded Gasoline <input type="checkbox"/> Leaded Gasoline <input type="checkbox"/> Aviation Gasoline <input type="checkbox"/> Kerosene <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Diesel Fuel <input type="checkbox"/> Fuel Oil No. 1 <input type="checkbox"/> Fuel Oil No. 2 <input checked="" type="checkbox"/> Fuel Oil No. 4 <input type="checkbox"/> Fuel Oil No. 5 <input type="checkbox"/> Fuel Oil No. 6 <input type="checkbox"/> New Motor Oil <input type="checkbox"/> Used Motor Oil <input type="checkbox"/> Other, Please Specify _____ b. Hazardous Substance Name of Principal CERCLA Substance _____ <u>AND</u> Chemical Abstract Service (CAS) No. _____ c. Unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Tank Closure Method (Check Only One)	a. Removal <input checked="" type="checkbox"/> b. Closure-in-Place <input type="checkbox"/> c. Change-In-Service <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank Registration Number					
Date of Tank Installation (Month/Year)					
Estimated Total Capacity (Gallons)					
Tank Material of Construction					
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum Unleaded Gasoline <input type="checkbox"/> Leaded Gasoline <input type="checkbox"/> Aviation Gasoline <input type="checkbox"/> Kerosene <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Diesel Fuel <input type="checkbox"/> Fuel Oil No. 1 <input type="checkbox"/> Fuel Oil No. 2 <input type="checkbox"/> Fuel Oil No. 4 <input type="checkbox"/> Fuel Oil No. 5 <input type="checkbox"/> Fuel Oil No. 6 <input type="checkbox"/> New Motor Oil <input type="checkbox"/> Used Motor Oil <input type="checkbox"/> Other, Please Specify _____ b. Hazardous Substance Name of Principal CERCLA Substance _____ <u>AND</u> Chemical Abstract Service (CAS) No. _____ c. Unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Tank Closure Method (Check Only One)	a. Removal <input type="checkbox"/> b. Closure-in-Place <input type="checkbox"/> c. Change-In-Service <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FACILITY ID NUMBER

36-60950-001

FACILITY NAME

FACILITY ADDRESS/LOCATION

3050 Hemp Land Rd, Lancaster 17601

MUNICIPALITY

COUNTY

## NOTIFIER INFORMATION:

Name

Nick Patton

Title

Patton Associates / Certified Inspector

Telephone

(610) 926-0845

## OWNER INFORMATION:

Name

High Associates

Street Address

City

State

Zip Code

Contact Person

Robert Since

Telephone

(717) 293-4506

REASON FOR NOTIFICATION (MARK ALL THAT APPLY ☒):Sight (Product is Actually Seen) ☒Smell (Vapors) ☐Taste (Drinking Water Contamination) ☐Unexplained Water in Tank Indicates Release ☐Product Inventory Control Indicates Release ☐Tank Tightness Test Indicates Release ☐Line Tightness Test Indicates Release ☐Vapor Monitoring Indicates Release/Spill ☐Ground-Water Monitoring Indicates Release/Spill ☐Interstitial Monitoring Indicates Release/Spill ☐Automatic Line Leak Detector Indicates Release ☐Chemical Analysis Indicates Release/Spill ☐Other (Specify) ☐

## DISCUSSION:

Removing 1x66 #2 fuel tank. Minor contamination encountered in excavation. Roughly 20 cubic yards of contaminated soil. The contamination is most the result of minor spills and overfills. No ground water or bedrock encountered.

## DIRECTIONS TO SITE:

DEPARTMENT REPRESENTATIVE NAME (PRINT):

Troy Conrad

DEPARTMENT REPRESENTATIVE SIGNATURE:



TITLE:

WQS

DATE:

10-26-91

TIME:

11:45

**NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**  
**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)****NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**

On August 21, 1993, the Storage Tank Program's Corrective Action Process (CAP) regulations became effective. These regulations establish release reporting requirements for owners and operators of storage tanks and storage tank facilities.

Subsection 245.305(a) of the regulations requires owners or operators to notify the appropriate regional office of the Department as soon as practicable, but no later than 2 hours, after the confirmation of a reportable release.

Subsection 245.305(d) requires owners or operators to provide written notification to the appropriate regional office and to the local municipality, within 15 days of the notice required by Subsection 245.305(a). This form may be used to comply with Subsection 245.305(d).

**OWNERS AND OPERATORS (O/O)**

PLEASE COMPLETE SECTIONS I, II, IIIA, IIIB, IV, V, VII and VIII.

**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)**

On September 21, 1991, the Storage Tank Program's Certification regulations became effective. These regulations establish standards of performance for certified installers and inspectors of storage tanks and storage tank facilities.

Subsection 245.132(a)(4) of the regulations requires certified installers and inspectors to report to the Department a release of a regulated substance or confirmed or suspected contamination of soil, surface or groundwater from regulated substances observed while performing services as a certified installer or inspector.

This form may be used to comply with Subsection 245.132(a)(4). The Department expects submission of the form within 48 hours of observing suspected or confirmed contamination. Where there is a reportable release, the form may be submitted jointly by the owner, operator, certified installer and certified inspector. In this instance, the form must be received by the appropriate regional office within 15 days of the notice required by Subsection 245.305(a).

**CERTIFIED INSTALLERS AND INSPECTORS (I/I)**

PLEASE COMPLETE SECTIONS I, II, IIIA, IIIC, VI, VII and VIII.

**INSTRUCTIONS**

- I. **FACILITY INFORMATION** - Record the name, I.D. number and physical location (not P.O. Box) of the facility at which a reportable release has been confirmed or at which suspected or confirmed contamination has been observed. Include the name and phone number of a person to contact at the facility.
- II. **OWNER INFORMATION** - Record the name, business address and phone number of the owner of the facility identified in Section I.
- III. **REGULATED SUBSTANCE INFORMATION** - Indicate to the best of your knowledge: A) the type of product or products involved; B) the quantity of product or products released; and C) whether the contamination is suspected or confirmed.
- IV. **REPORTABLE RELEASE INFORMATION** - Record the date of confirmation of the reportable release, e.g., "08/21/93"; the date and regional office notified; and the date the local municipality (provide name of municipality) was sent a copy of this form. Indicate to the best of your knowledge the extent of contamination resulting from the release of the regulated substance.
- V. **INTERIM REMEDIAL ACTIONS** - Indicate the interim remedial actions planned, initiated or completed.
- VI. **SUSPECTED/CONFIRMED CONTAMINATION INFORMATION** - Record the date of observation of the suspected or confirmed contamination, e.g., "01/01/94". Indicate to the best of your knowledge the indications of a suspected release or extent of confirmed contamination resulting from the release of the regulated substance.
- VII. **ADDITIONAL INFORMATION** - Provide any additional, relevant, available information concerning the reportable release or suspected or confirmed contamination. Include in this section a brief description of the activity that was being conducted when the reportable release was confirmed by the owner or operator or when the suspected/confirmed contamination was observed by the certified installer or inspector, e.g., during a(n) installation, repair or upgrade, removal from service or routine inspection.
- VIII. **CERTIFICATION** - Please print your name, and provide your signature and date of signature. If a certified installer/inspector, provide certification number and company certification number.

**PLEASE SEND COMPLETED ORIGINAL FORM TO:**

PA Department of Environmental Resources  
Environmental Cleanup Program  
Storage Tank Section

(and the appropriate address below, depending on where the FACILITY is located)

Southeast Region  
Lee Park, Suite 6010  
555 North Lane  
Conshohocken, PA 19428  
FAX: 610-832-6259/6260

Counties  
Bucks, Chester, Delaware,  
Montgomery,  
Philadelphia

Northeast Region  
Cross Valley Centre  
667 North River Street  
Plains, PA 18705  
FAX: 717-826-5448

Counties  
Carbon, Lackawanna, Lehigh,  
Luzerne, Monroe, Northamp-  
ton, Pike, Schuylkill, Susque-  
hanna, Wayne, Wyoming

Southcentral Region  
One Ararat Boulevard  
Harrisburg, PA 17110  
FAX: 717-540-7492

Counties  
Adams, Bedford, Berks, Blair, Cum-  
berland, Dauphin, Franklin, Fulton,  
Huntingdon, Juniata, Lancaster,  
Lebanon, Mifflin, Perry, York

Northcentral Region  
200 Pine Street  
Williamsport, PA 17701  
FAX: 717-327-3565

Counties  
Bradford, Cameron, Centre, Clinton,  
Clearfield, Columbia, Lycoming,  
Montour, Northumberland, Potter,  
Snyder, Sullivan, Tioga, Union

Southwest Region  
400 Waterfront Drive  
Pittsburgh, PA 15222  
FAX: 412-442-4194

Counties  
Allegheny, Armstrong,  
Beaver, Cambria, Fayette,  
Greene, Indiana, Somerset,  
Washington, Westmoreland

Northwest Region  
1012 Water Street  
Meadville, PA 16335  
FAX: 814-332-6831

Counties  
Butler, Clarion, Crawford,  
Elk, Erie, Forest, Jefferson,  
Lawrence, McKean, Mercer,  
Venango, Warren

**I. FACILITY INFORMATION (Both O/O and I/I)**

Facility Name aka - ISC Tech Facility I.D. Number 36-60950  
Ferranti Technols  
Street Address (P.O. Box not acceptable) 3050 Hempfield Road  
City Lancaster State PA Zip Code 17601  
County Lancaster Municipality West Hempfield Twp  
Contact Person Robert Snee Phone Number (717) 293-4506

**II. OWNER INFORMATION (Both O/O and I/I)**

Owner Name High Associates, Ltd.  
Address P.O. Box 10008  
City Lancaster State PA Zip Code 17605  
Phone Number (717) 293-4506

III. REGULATED SUBSTANCE INFORMATION									
A. Type of Product(s) Involved (Mark All That Apply <input checked="" type="checkbox"/> ): <u>Both O/O and VI</u>		B. Quantity (Gallons) of Product(s) Released: <u>O/O Only</u>			C. Contamination Suspected [S] or Confirmed [C]: <u>VI Only</u>				
Leaded Gasoline .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
Unleaded Gasoline .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
Aviation Gasoline .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
Kerosene .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
Jet Fuel .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
Diesel Fuel .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
New Motor Oil .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
Used Motor Oil .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
Fuel Oil No. 1 .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
Fuel Oil No. 2 .....	<input checked="" type="checkbox"/>	.....	— — ,	— — — ,	.....	<100 <input checked="" type="checkbox"/>	..... [C]		
Fuel Oil No. 4 .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
Fuel Oil No. 5 .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
Fuel Oil No. 6 .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
Other (Specify) .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		
Unknown .....	<input type="checkbox"/>	.....	— — ,	— — — ,	.....	[S]	..... [C]		

**IV. REPORTABLE RELEASE INFORMATION (O/O Only)**

Date Reportable Release was Confirmed: <u>     </u> / <u>     </u> / <u>     </u> m          d          y	<b>Environmental Impacts (Mark All That Apply ☒):</b>  Soil ..... <input type="checkbox"/> Sediment ..... <input type="checkbox"/> Surface Water ..... <input type="checkbox"/> Ground Water ..... <input type="checkbox"/> Water Supplies ..... <input type="checkbox"/>
Date Owner/Operator Verbally Notified Appropriate Regional Office of Reportable Release and Office Notified:  Date <u>     </u> / <u>     </u> / <u>     </u> Office _____ m          d          y	
Date Owner/Operator Sent Copy of this Written Notification to Local Municipality and Name of Municipality Notified:  Date <u>     </u> / <u>     </u> / <u>     </u> Municipality _____ m          d          y	

#### V. INTERIM REMEDIAL ACTIONS (O/O Only)

(Mark All That Apply <input checked="" type="checkbox"/> ):				
	Planned	Initiated	Completed	Not Applicable
Regulated Substance Removed from Storage Tanks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire, Explosion and Safety Hazards Mitigated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contaminated Soil Excavated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Product Recovered .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Water Supplies Provided .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### VI. SUSPECTED / CONFIRMED CONTAMINATION INFORMATION (I/I Only)

Date of Observation of Suspected/Confirmed Contamination: <u>10/26/94</u> m d y	
<b>Indication of Suspected Contamination</b> <b>(Mark All That Apply <input checked="" type="checkbox"/>):</b> Unusual Level of Vapors ..... <input type="checkbox"/> Erratic Behavior of Product Dispensing Equipment ..... <input type="checkbox"/> Release Detection Results Indicate a Release ..... <input type="checkbox"/> Discovery of Holes in the Storage Tank ..... <input type="checkbox"/> Other (Specify) <u>Visual of excavation</u> ..... <input checked="" type="checkbox"/>	<b>Extent of Confirmed Contamination</b> <b>(Mark All That Apply <input checked="" type="checkbox"/>):</b> Product Stained or Product Saturated Soil or Backfill ..... <input type="checkbox"/> Ponded Product ..... <input type="checkbox"/> Free Product or Sheen on Ponded Water ..... <input type="checkbox"/> Free Product or Sheen on the Ground Water Surface ..... <input type="checkbox"/> Free Product or Sheen on Surface Water ..... <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/>



## VII. ADDITIONAL INFORMATION (Both O/O and I/I)

Include a brief description of the activity that was being conducted when the reportable release was confirmed by the owner or operator or when the suspected/confirmed contamination was observed by the certified installer or inspector, e.g., during a(n) installation, repair or upgrade, removal from service or routine inspection.

During excavation of a 6,000 gallon #2 heating oil tank, visual inspection of the excavation indicated minor odor and discolored soil. A representative of the property owners was present at the site and aware of the condition. Tank closure was in progress.

## VIII. CERTIFICATION (Both O/O and I/I)

I, \_\_\_\_\_, hereby certify, under penalty of law as provided in 18 Pa. C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the owner or operator of the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner or Operator

\_\_\_\_\_  
Date

I, Nicholas G. Patton, hereby certify, under penalty of law as provided in 18 Pa. C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified installer who performed tank handling activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

Nicholas G. Patton  
Signature of Certified Installer

10/27/94  
Date

752  
Installer Certification Number

364  
Company Certification Number

I, \_\_\_\_\_, hereby certify, under penalty of law as provided in 18 Pa. C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified inspector who performed inspection activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Certified Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector Certification Number

\_\_\_\_\_  
Company Certification Number